

YOUR DETAILS

Your Name	Pets Name			Date			
Where did you obtain your bird from?	<input type="radio"/> Pet Store	<input type="radio"/> Breeder	<input type="radio"/> Rescue Group	<input type="radio"/> Friend or Family	<input type="radio"/> Private Sale	<input type="radio"/> Wild	<input type="radio"/> Other _____
How long have you owned it?	Estimated age when obtained						
How was your bird raised?	<input type="radio"/> Hand-raised	<input type="radio"/> Parent Reared	<input type="radio"/> Unknown	Was your bird fully weaned when obtained?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

ENCLOSURE

Is your bird housed	<input type="radio"/> Only Indoors	<input type="radio"/> Only Outdoors	<input type="radio"/> Both Indoors and Outdoors	The enclosure is constructed from:							
The enclosure substrate is	<input type="radio"/> Grate or wire	<input type="radio"/> Newspaper	The perches are made of:	Toys are made of:							
Food & water containers are made of:	<input type="radio"/> Plastic	<input type="radio"/> Stainless Steel	<input type="radio"/> Other Metal	<input type="radio"/> Glass	<input type="radio"/> Ceramic	Food & water containers are cleaned with:	<input type="radio"/> Nothing	<input type="radio"/> Water	<input type="radio"/> Water & detergent	<input type="radio"/> Water & disinfectant	<input type="radio"/> Water, detergent & disinfectant

DIET

What is your birds daily diet	Are any supplements given:
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OTHER PETS

Types of other pets in household:	Previous problems, death or illness:								
Other birds in household	Are the other birds housed together or separately?	When was the most recent bird acquisition?							
Bird comes out of cage	<input type="radio"/> Daily	<input type="radio"/> Weekly	<input type="radio"/> Infrequently	<input type="radio"/> Never	Supervision when out of cage	<input type="radio"/> N/a	<input type="radio"/> Always	<input type="radio"/> Sometimes	<input type="radio"/> Never

ACCESS TO HAZARDS

Exposure to wild birds:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to rodents:	<input type="radio"/> Yes	<input type="radio"/> No	Access to chocolate:	<input type="radio"/> Yes	<input type="radio"/> No	Access to avocado:	<input type="radio"/> Yes	<input type="radio"/> No
Access to coffee or tea:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to cigarette smoke:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to aerosols, incense scented candles:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to pesticides (including rodenticides):	<input type="radio"/> Yes	<input type="radio"/> No
Exposure to teflon cooking pans:	<input type="radio"/> Yes	<input type="radio"/> No	Exposure to cigarette smoke:	<input type="radio"/> Yes	<input type="radio"/> No						

REPRODUCTIVE BEHAVIOUR

Reproductive behaviour		Access to Nest Box	<input type="radio"/> Yes	<input type="radio"/> No
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RECENT HISTORY

Activity and energy levels	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Appetite	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown
Thirst	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Faecal production	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown
Urate production	<input type="radio"/> Normal	<input type="radio"/> Increased	<input type="radio"/> Decreased	<input type="radio"/> Unknown	Other changes to urine				

Changes in respiration (sneezing, coughing, nasal discharge, laboured breathing)	
Previous veterinary testing	
Current medications	
Intestinal worming	
Current concerns	

Thank you taking time to complete this form. Please send it to info@sashvets.com before your appointment